

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM FTO-67)						SERIAL NO.	APPLICANT				
						CLAIMS					
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT						
	NO.	DEC.	NO.	DEC.	NO.	DEC.		NO.	DEC.	NO.	DEC.
1							61				
2							62				
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TOTAL NO.	4						TOTAL NO.				
TOTAL DEC.	21						TOTAL DEC.				
TOTAL	25						TOTAL				